

All applications shall be submitted to:

License Section  
750 Piedmont Road, South Entrance  
Columbus, OH 43224  
614-645-8366

## PEER-TO-PEER TRANSPORTATION NETWORK DRIVER APPLICATION PACKET

All applicants are required to submit an IT-47L Income Tax Form and receive a "Letter of Good Standing" from the City of Columbus Income Tax Division prior to submitting a peer-to-peer driver application to the License Section. The IT-47L form must be submitted to:

Income Tax Division  
77 North Front St., 2<sup>nd</sup> Floor  
Columbus, OH 43215

If the applicant has already filed with the City of Columbus Income Tax Division, please request a "Letter of Good Standing" to submit with the peer-to-peer driver application.

No license will be issued until the License Section has received your "Letter of Good Standing."

For questions about the IT-47 or income taxes, please contact the Income Tax Division at (614) 645-7370, Monday through Friday, 8a.m. to 5p.m.

Applicants are required to submit the following when applying for a Peer-to-Peer Transportation Network Driver's License. Please check each box demonstrating that the applicant has the required documentation:

- ☐ A "Letter of Good Standing" from the City of Columbus Income Tax Division. (See above)
- ☐ A copy of the applicant's valid Ohio Driver's License.
- ☐ Proof of the applicant's personal motor vehicle insurance that complies with state minimum requirements.
- ☐ Proof that the applicant is the registered owner, is named on the lease of the vehicle, or that the owner or lessee has granted permission to the applicant to utilize the vehicle as a peer-to-peer vehicle.
- ☐ Ohio Bureau of Motor Vehicles driver abstract.
- ☐ Independent third party mechanical inspection by an ASE certified mechanic on the form provided by the License Section. (Form attached)
- ☐ BCI Background check. This is done at the City of Columbus License Section at a cost of \$32.

**Required License Fees:**

- |  |   |
|--|---|
| <input type="checkbox"/> Application Fee: \$10               | <input type="checkbox"/> Background Check: \$32   |
| <input type="checkbox"/> Peer-to-Peer Driver's License: \$35 | <input type="checkbox"/> Identification Card: \$5 |

**OFFICE USE ONLY**

LICENSE # \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

EXPIRES \_\_\_\_\_

**DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION****PEER-TO-PEER  
DRIVER'S LICENSE  
APPLICATION**☐ **NEW**☐ **RENEWAL**THE CITY OF  
**COLUMBUS**  
MICHAEL B. COLEMAN, MAYORDEPARTMENT OF  
PUBLIC SAFETY**APPLICANT INFORMATION**

Full Name:

Date of birth:

Federal ID (if applicable):

Current address:

City:

State:

Zip Code:

Phone Number:

Cell Phone:

Email:

Ohio Driver's License Number:

Expiration Date:

Do you have six (6) months driving experience? (circle one) YES NO

Sex: M F

Race:

Height:

Weight:

Hair:

Eyes:

Are you a U.S. citizen? YES NO

Place of Birth:

Are you a legal resident? YES NO

Registration #

**If born outside of the U.S., proof of citizenship or permanent resident card must be submitted.**

What licensed City of Columbus Peer-to-Peer Transportation Network Company do you work for?

Have you had a City of Columbus license and/or permit revoked, suspended or refused within the last three (3) years?  
YES NO

If yes, please explain:

Have you ever been convicted of a felony? YES NO

List all felony convictions in the United States over the past seven (7) years. If none, write "NONE".

Are you on felony probation or parole? YES NO

If yes, date began:

Have you ever been required to register as a sexual offender? YES NO

If yes, date began:

VEHICLE INFORMATION				
<b>Please note: If you change vehicles during the licensing period, you are required to obtain a vehicle mechanical inspection and have the new vehicle inspected by the License Section. You will also be required to pay a vehicle transfer fee of \$150.</b>				
Year	Make/Model	Color	License Plate	VIN Number
HEALTH HISTORY				
<b>All applicants must answer each question by checking the appropriate box.</b>				
<b>YES</b>	<b>NO</b>			
		Any serious illness or injury in the last 5 years?		
		Head/Brain injuries, disorders, or illnesses		
		Seizures, epilepsy		
		Vertigo or dizziness		
		Eye disorders or impaired vision		
		If YES, do you wear corrective lenses?		
		Loss of hearing		
		If YES, do you wear a hearing aid?		
		Known heart condition including heart disease, heart attack, or other cardiovascular condition		
		Addicted to alcohol or drug of abuse?		
		Known medical or mental condition that effects infirmity		
By signing this application, the applicant acknowledges that he/she is free of any disease, condition, infirmity, or addiction that might render the applicant unable to safely operate a motor vehicle or otherwise pose a risk to public health and safety.				
MOTOR VEHICLE INSURANCE				
<b>PLEASE CHECK EACH BOX AND INITIAL TO ACKNOWLEDGE THAT YOU HAVE READ THE FOLLOWING:</b>				
<input type="checkbox"/> <b>DRIVERS ARE STRONGLY ENCOURAGED TO CONTACT THEIR PERSONAL MOTOR VEHICLE INSURANCE COMPANY TO DETERMINE THEIR COVERAGE WORKING AS A PEER-TO-PEER DRIVER. MOST PERSONAL MOTOR VEHICLE INSURANCE POLICIES HAVE AN EXCLUSION FOR USE OF A PERSONAL VEHICLE FOR COMMERCIAL USE.</b>				
<input type="checkbox"/> <b>LICENSED PEER-TO-PEER COMPANIES ARE REQUIRED TO MAINTAIN COMMERCIAL LIABILITY INSURANCE BUT THERE MAY BE GAPS IN COVERAGE AS IT RELATES TO THE DRIVER AND THE DRIVERS VEHICLE; SPECIFICALLY WHEN THE PEER-TO-PEER DRIVER IS AT FAULT.</b>				
<input type="checkbox"/> <b>AS A PEER TO PEER DRIVER, YOU ARE ONLY AUTHORIZED TO PROVIDE THIS SERVICE THROUGH THE USE OF AN ONLINE APP. IF YOU ACCEPT A PASSENGER VIA STREET HAIL, YOU ARE IN VIOLATION OF CHAPTER 590 OF THE COLUMBUS CITY CODE AND YOUR LICENSE WILL BE SUBJECT TO ENFORCEMENT ACTION. FURTHER, ANY RIDE THAT YOU PROVIDE THAT IS NOT ARRANGED THROUGH THE ONLINE APP WILL NOT BE COVERED BY THE INSURANCE THAT THE PEER TO PEER COMPANY IS REQUIRED TO MAINTAIN PURSUANT TO CHAPTER 588 OF THE COLUMBUS CITY CODE.</b>				
<input type="checkbox"/> <b>LICENSED PEER-TO-PEER COMPANIES ARE REQUIRED TO MAINTAIN AT ALL TIMES THE FOLLOWING INSURANCE COVERAGE:</b>				
<ul style="list-style-type: none"> <li>• <b>A COMMERCIAL LIABILITY INSURANCE POLICY SHALL PROVIDE THE FOLLOWING MINIMUM COVERAGE FOR EACH ASSOCIATED DRIVER OF THE PEER-TO PEER-COMPANY AND VEHICLE FROM THE MOMENT THE DRIVER ACCEPTS A TRIP REQUEST UNTIL THE COMPLETION OF THE TRIP. FOR THE PURPOSES OF THIS REQUIREMENT, COMPLETION OF THE TRIP SHALL MEAN ALL PASSENGERS HAVE EXITED THE VEHICLE, PAID FOR THE TRIP, ARE STANDING ON THE SIDEWALK OR ON PRIVATE PROPERTY, AND THE DRIVER AND PASSENGERS HAVE REASONABLE KNOWLEDGE TO BELIEVE THAT ALL PERSONAL BELONGINGS HAVE BEEN REMOVED:</b> <ul style="list-style-type: none"> <li>○ NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) OF LIABILITY COVERAGE PER INCIDENT FOR BODILY INJURY AND PROPERTY DAMAGE FOR AN ACCIDENT INVOLVING A DRIVER OF A PEER-TO-PEER COMPANY;</li> <li>○ NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) OF UNDERINSURED AND UNINSURED COVERAGE PER INCIDENT FOR BODILY INJURY AND PROPERTY DAMAGE;</li> </ul> </li> </ul>				

- IF THE PEE-TO-PEER DRIVER MAINTAINS COLLISION COVERAGE ON HIS/HER PERSONAL MOTOR VEHICLE INSURANCE POLICY, THE PEER-TO-PEER COMPANY SHALL MAINTAIN AT LEAST THE SAME LEVEL OF COLLISION COVERAGE THAT THE DRIVER MAINTAINS; AND
- THE COMMERCIAL LIABILITY INSURANCE POLICY SHALL ACT AS PRIMARY AND DROP DOWN AND RESPOND TO A CLAIM WHEN THE DRIVER'S PERSONAL MOTOR VEHICLE INSURANCE POLICY FAILS TO COVER ANY PORTION OF THE CLAIM FOR ANY REASON.
- **A CONTINGENT LIABILITY INSURANCE POLICY THAT SHALL PROVIDE THE FOLLOWING MINIMUM COVERAGE FOR EACH ASSOCIATED DRIVER OF THE PEER-TO PEER-COMPANY AND VEHICLE WHILE AVAILABLE FOR HIRE. FOR PURPOSES OF THIS REQUIREMENT, A DRIVER AND VEHICLE IS AVAILABLE FOR HIRE WHEN THE DRIVER IS LOGGED ONTO THE ONLINE APPLICATION BUT HAS NOT ACCEPTED A TRIP REQUEST:**
  - LIABILITY COVERAGE OF NOT LESS THAN FIFTY THOUSAND DOLLARS (\$50,000) PER PERSON AND NOT LESS THAN ONE HUNDRED THOUSAND DOLLARS (\$100,000) PER INCIDENT FOR BODILY INJURY; AND NOT LESS THAN TWENTY-FIVE THOUSAND DOLLARS (\$25,000) FOR PROPERTY DAMAGE; AND
  - THE CONTINGENT LIABILITY INSURANCE POLICY SHALL RESPOND TO A CLAIM WHEN THE DRIVER'S PERSONAL MOTOR VEHICLE INSURANCE POLICY FAILS TO COVER ANY PORTION OF THE CLAIM FOR ANY REASON.

INITIAL \_\_\_\_\_

**ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.**

State of Ohio, County of Franklin

\_\_\_\_\_, being duly sworn, deposes and says  
(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

\_\_\_\_\_  
(Applicant Signature)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary or Agent of Director of Public Safety

**MUST BE SIGNED, DATED and NOTARIZED**

**All applications shall be submitted to:**

**License Section  
750 Piedmont Road, South Entrance  
Columbus, OH 43224  
614-645-8366**

DEPARTMENT OF  
PUBLIC SAFETY

## **Vehicle Mechanical Inspections**

The Columbus City Code requires every owner of a peer-to-peer vehicle to obtain a mechanical inspection completed by an ASE certified mechanic that is not employed by the driver or peer-to-peer company and that does not have a vested interest in the management affairs of the driver and/or owner of the vehicle or peer-to-peer company. The inspection form must be signed and stamped by the ASE certified mechanic and submitted to the License Section with an original invoice and any defect repair paperwork.

You are required to take this letter and form to the facility that will be completing the Mechanical Inspection and have the mechanic complete the form. You will need to submit the completed form to the License Section with your application.

Please review section 590.13 of the Columbus City Code as it relates to vehicle inspections prior to completing the inspection.

### **590.13 Vehicle Inspections**

(a) The Director shall establish the criteria and the procedure for a reasonable inspection to be performed prior to initial licensing and prior to any renewal.

(1) The Director shall provide all peer-to-peer transportation network drivers with a City of Columbus annual mechanical inspection form. The driver must have the vehicle inspected by an ASE certified mechanic that is not employed by the driver or peer-to-peer company and that does not have a vested interest in the management affairs of the driver and/or owner of the vehicle or peer-to-peer company. The inspection form must be signed and stamped by the ASE certified mechanic and submitted to the License Section with an original invoice and any defect repair paperwork.

(2) The inspecting establishment shall provide a copy of the annual mechanical inspection form to the owner of the vehicle. The original form shall be submitted at the time of application prior to the issuance or renewal of a license pursuant to Section 590.04(c)(3).

(3) All inspection criteria must be satisfactory prior to the approval of licensing. If any portion of the inspection is unsatisfactory, the vehicle owner shall cause the condition to be corrected and shall have the vehicle re-inspected by the original ASE certified mechanic.

(b) The Director shall make or cause to be made additional inspections of peer-to-peer vehicles at least once during the twelve-month period after initial licensure or at any other time at the discretion of the Director at no charge to the driver.

(1) If, upon any inspection, a vehicle is found to be unsafe, unclean, or unsightly, a license officer or law enforcement officer may remove the decal and direct that the vehicle be taken out of service until the vehicle is in compliance. Such vehicle taken out of service must be re-inspected at a cost of twenty-five dollars (\$25.00) per additional inspection and approved by a license officer before being returned to service.

(2) The license officer shall cause a memorandum of such inspection failure to be recorded on the record of the driver of said vehicle that is maintained by the License Section.

(3) The license officer shall provide the vehicle driver the cause(s) for failure in writing.

(c) After a vehicle successfully completes the inspection and pays a decal fee of ten dollars (\$10.00), the decal shall be issued by the Director and be affixed to the vehicle in an assigned location. The decal shall clearly indicate that the vehicle has received and satisfied the inspection.

**If you have questions, contact the License Section at (614) 645-8366.**

# CITY OF COLUMBUS VEHICLE MECHANICAL FORM

## INSPECTION INFORMATION

Owner's Name \_\_\_\_\_ Date of Inspection \_\_\_\_\_

DBA \_\_\_\_\_ Phone Number \_\_\_\_\_

## VEHICLE INFORMATION

Vehicle/Cab Number \_\_\_\_\_ Vehicle Mileage \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Type \_\_\_\_\_ Ohio License Plate # \_\_\_\_\_ Vin # \_\_\_\_\_

## INSPECTION ITEMS

	PASS	FAIL		PASS	FAIL
Low Beam	<input type="checkbox"/>	<input type="checkbox"/>	Tires	<input type="checkbox"/>	<input type="checkbox"/>
High Beam	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Shocks/Struts	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>	Suspension/Steering	<input type="checkbox"/>	<input type="checkbox"/>
Dome Light(s)	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>
Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Washers	<input type="checkbox"/>	<input type="checkbox"/>
Back-Up Lights	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>
License Plate Light	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>
Top Light	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>
Operating Windows	<input type="checkbox"/>	<input type="checkbox"/>	Defroster/Heater	<input type="checkbox"/>	<input type="checkbox"/>
Brake System	<input type="checkbox"/>	<input type="checkbox"/>	Speedometer	<input type="checkbox"/>	<input type="checkbox"/>

### FIRST INSPECTION

Did unit pass inspection? **YES** **NO**  
If no, explain needed repairs

### RE-INSPECTION

Did unit pass re-inspection? **YES** **NO**  
Re-inspection date  
If no, explain needed repairs

**Comments / Notes / Needed repairs**

\_\_\_\_\_  
\_\_\_\_\_

**Inspected By** \_\_\_\_\_

**Signature of Certified Mechanic** \_\_\_\_\_

**ASE Certificate Number** \_\_\_\_\_

**Name of Inspection Facility** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

